



TROY PUBLIC LIBRARY YOUTH SERVICES VOLUNTEER APPLICATION

Volunteers must be at least 12 years old.

Name _____ Today's Date _____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Age _____

School _____ Grade _____

Are you volunteering to fulfill a community service requirement? _____

If YES, please specify: Organization _____

Number of hours required _____ Deadline for completion _____

Thank you for your interest in volunteering at Troy Public Library!

Please remember that the Library is a place of business. We'll expect you on your scheduled day and time. If you cannot come in for your shift, you must call or your absence will be listed as a NO SHOW = not coming in or calling to cancel. After two NO SHOWS, we will assume you are no longer interested in working at the Library and your name and record sheet will be removed from the volunteer book

When would you like to start? _____

Emergency Contact:

Name _____ Phone _____ Relationship _____

I understand that my volunteer work is an important commitment.

Your Signature: _____ Date _____

As parent/guardian of the volunteer applicant, I agree and support this commitment to the Library.

Parent/Guardian Signature _____ Date _____